



CHANGING
Maryland
for the Better

HealthChoice Evaluation Highlights CY 2011 – CY 2015

Maryland Medicaid Advisory Committee
June 22, 2017



Objectives

Element	Content
Program Updates	Summarizes changes to the overall Medicaid program, e.g., new initiatives or benefits, grant awards
Coverage and Access	Discusses trends in overall Medicaid and managed care enrollment, provider network adequacy and access to services
Medical Home	Reviews ambulatory care use, emergency department (ED) use and trends and continuity of care
Quality of Care	Tracks trends in quality measures for preventive care and chronic conditions
Special Topics	Presents other HealthChoice topics, e.g., behavioral health, dental care, foster care, racial disparities
ACA Expansion	Evaluates enrollment, access and utilization trends under the Affordable Care Act (ACA) expansion



Program Updates

- **Behavioral Health Integration:** As of January 1, 2015, substance use disorder (SUD) and mental health services are provided on a fee-for-service basis by an administrative services organization (ASO). This is the first evaluation whose performance period includes the carve-out.
- **Chronic Health Home Demonstration:** As of June 2017, there are 81 approved Health Home sites (63 Psychiatric Treatment Programs, 10 Mobile Treatment Services providers, 8 Opioid Treatment Programs)
- **HealthChoice Demonstration Renewal**
 - Residential Treatment for Individuals with SUD
 - Community Health Pilots
 - Dental Coverage for Former Foster Youth



HealthChoice Demonstration Goals

- Provide a patient-focused system with a medical home for all beneficiaries
- Build on the strengths of the established Maryland health care system
- Provide comprehensive, prevention-oriented systems of care
- Hold managed care organization (MCOs) accountable for high-quality care
- Achieve better value and predictable expenses



Coverage and Access: Enrollment Growth

From 2013 to 2016, Maryland experienced the 14th-highest Medicaid and CHIP growth rate of the 48 continental states and the District of Columbia.*

- From CY 2011 to CY 2015, the HealthChoice population grew by 31.5 percent, from 759,905 enrollees to 999,252 enrollees.
- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 81.2 percent to 83.4 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 15.3 percent to 21.8 percent (any period of enrollment).

**Gates, Rudowitz, Artiga, & Snyder, 2016*



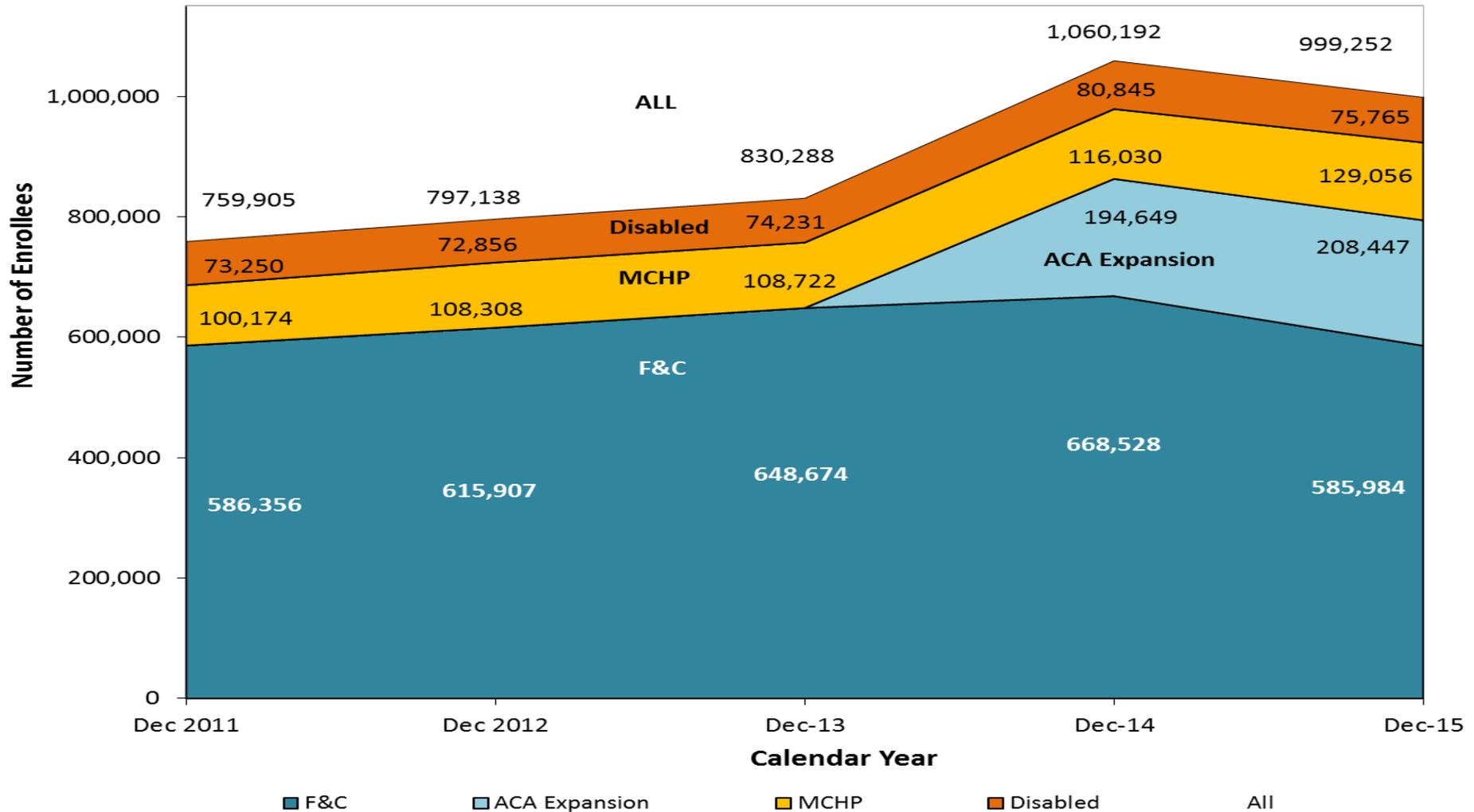
HealthChoice Enrollment as a Percentage of the Maryland Population

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Maryland Population*	5,843,603	5,889,651	5,931,129	5,967,295	5,994,983
Individuals Enrolled in HealthChoice for Any Period of Time During the Year					
HealthChoice Population	893,084	930,647	961,597	1,251,023	1,304,492
% of Population in HealthChoice	15.3%	15.8%	16.2%	21.0%	21.8%
Individuals Enrolled in HealthChoice as of December 31					
HealthChoice Population	759,905	797,138	830,288	1,060,192	999,252
% of Population in HealthChoice	13.0%	13.5%	14.0%	17.8%	16.7%

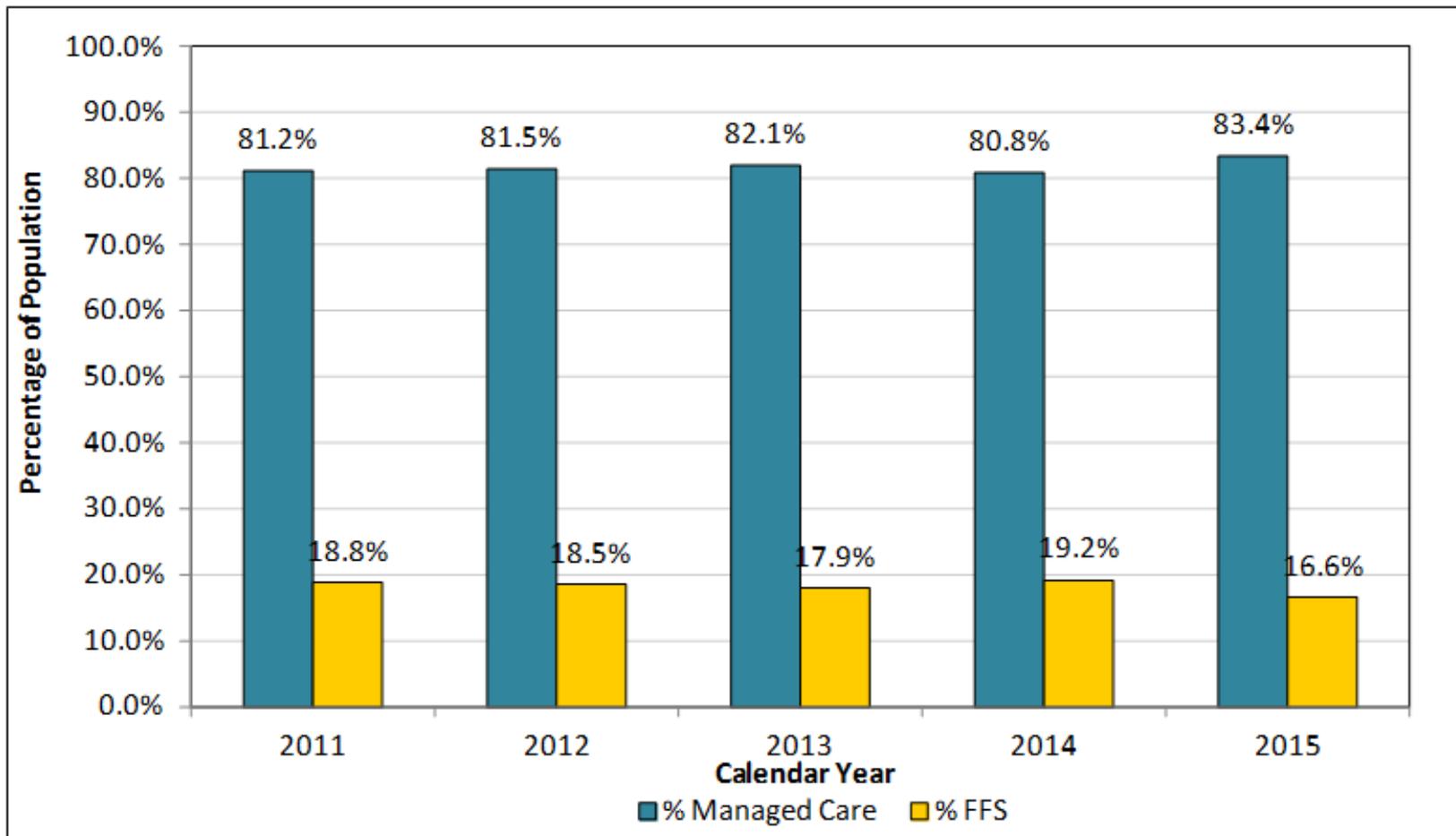
*U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016



HealthChoice Enrollment by Coverage Category



Percentage of Medicaid and MCHP Participants in Managed Care



Coverage and Access: Network Adequacy

Provider networks in all 23 counties and Baltimore City met standard enrollee-to-primary care provider (PCP) ratio of 500:1

- Five counties do not meet 200:1 ratio:
 - Allegany
 - Caroline
 - Dorchester
 - Prince George's
 - Wicomico
- This is an improvement over CY 2014—Cecil and Garrett Counties now meet the 200:1 standard.



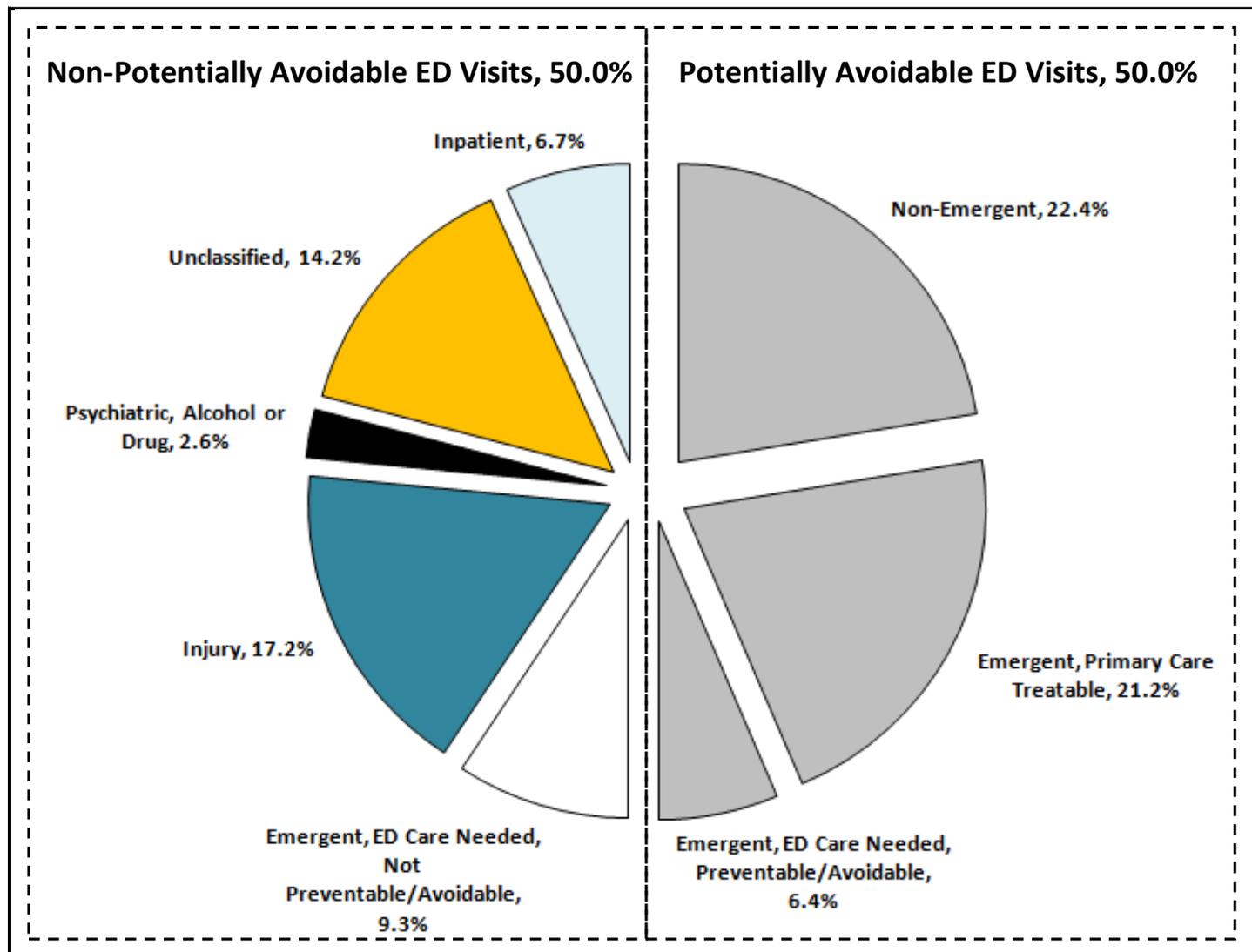
Medical Home: Utilization

- Participants with an ambulatory care visit decreased from 78.4 percent to 76.1 percent in CY 2015, after peaking at 79.3 percent in CY 2013.
 - This decrease may be attributed to ACA expansion HealthChoice participants who utilized ambulatory care services at a lower rate.
- ED visit rate in CY 2015 was 27.6 percent, decreasing from 31.9 in CY 2011.
- Inpatient admissions decreased by 5.4 percentage points, from 13.3 percent in CY 2011 to 7.9 percent in CY 2015.
 - This decrease may be attributed to the ACA expansion as well as the carve-out of SUD services.



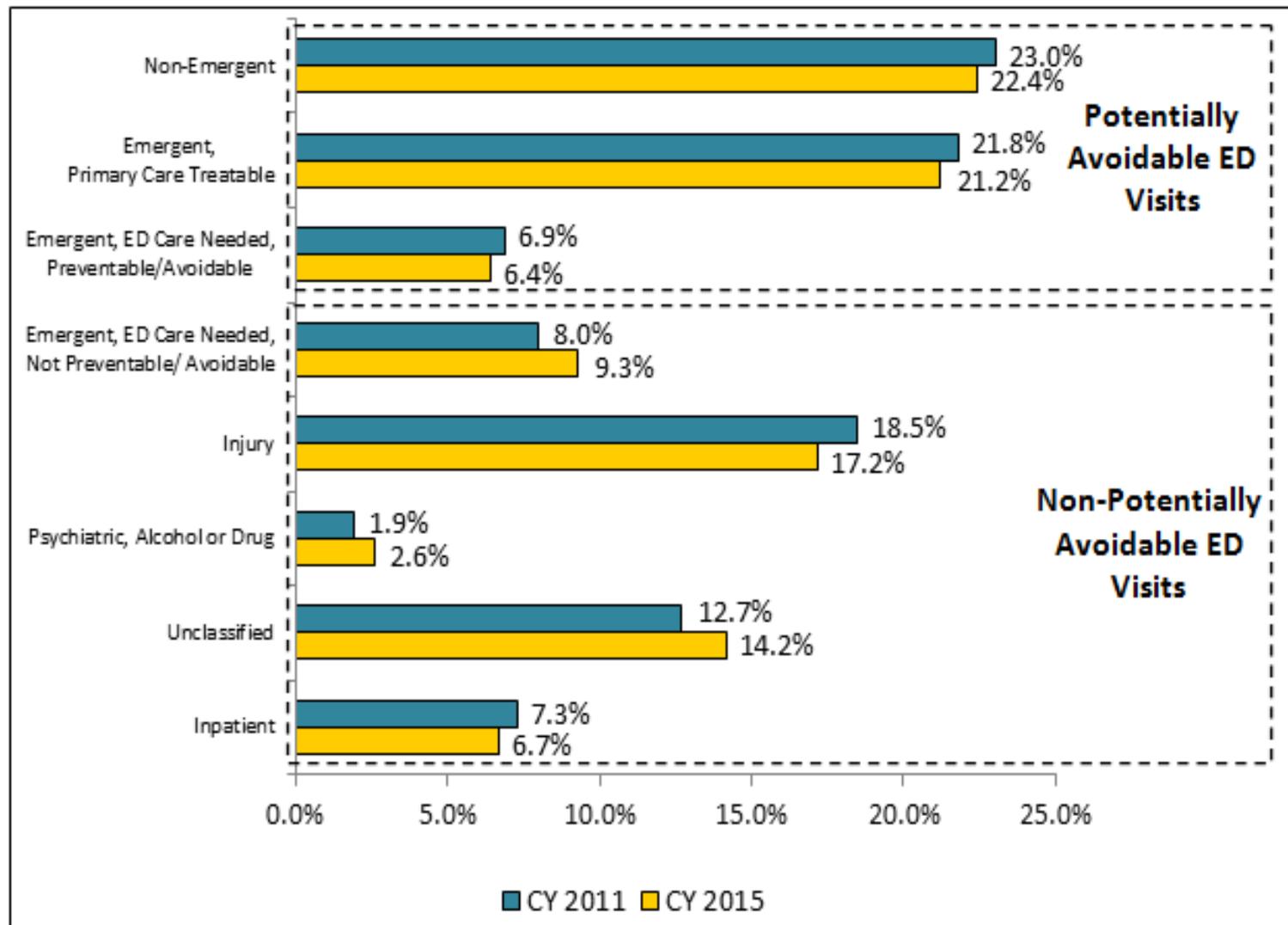
Medical Home: Potentially-Avoidable ED Visits

Classification of ED Visits by HealthChoice Participants, CY 2015



Medical Home: Potentially-Avoidable ED Visits

Classification of ED Visits by HealthChoice Participants, CY 2011 and CY 2015



Medical Home: Potentially-Avoidable Admissions

- DHMH uses the Agency for Healthcare Research and Quality's Prevention Quality Indicators (PQI) methodology, which looks for specific primary diagnoses in hospital admission records.
- The percentage of participants with at least one admission due to one of the 16 PQI designations increased from 10.6 percent in CY 2011 to 11.7 percent in CY 2015.
- PQI-designated discharges with the highest rates:
 - COPD or Asthma in Older Adults (PQI #5)
 - Congestive Heart Failure (PQI #8)



Quality of Care: HEDIS Childhood Measures

After experiencing declines in CY 2014 due to the inclusion of new MCOs, HEDIS Immunization and Well-Child measures began to recover in CY 2015. Overall, HealthChoice performance remains above the National HEDIS Mean (NHM).

- **Immunization Combination Two:** Rebounded from a low of 76.5 percent in CY 2014 to 83.8 percent in CY 2015, 1.3 percentage points higher than the rate in CY 2011
- **Immunization Combination Three:** Rebounded from a low of 73.5 percent in CY 2014 to 82.1 percent in CY 2015, 2.4 percentage points higher than the rate in CY 2011
- **15-month-old infants who received at least five well-child visits:** Rebounded from a low of 79.5 percent in CY 2014 to 81.8 percent in CY 2015; the CY 2015 rate is 3.2 percentage points lower than the rate in CY 2011
- **Children aged three to six years who received at least one well-child visit:** Rose by 0.7 percentage points between CY 2014 and CY 2015; the CY 2015 rate is 2.3 percentage points lower than the rate in CY 2011
- **Adolescent Well-Care:** Rose by 3.5 percentage points between CY 2014 and CY 2015; the CY 2015 rate is 1.4 percentage points lower than the rate in CY 2011.



Quality of Care: HEDIS Childhood Measures

HEDIS MEASURES	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Childhood Immunization Status - Combination 2					
HealthChoice	82.5%	80.2%	80.9%	76.5%	83.8%
National HEDIS Mean	+	+	+	+	+
Childhood Immunization Status-Combination 3					
HealthChoice	79.7%	77.7%	79.1%	73.5%	82.1%
National HEDIS Mean	+	+	+	+	+
Well Child Visits – 15 Months of Life					
HealthChoice	85.0%	83.9%	85.7%	79.5%	81.8%
National HEDIS Mean	+	+	+	+	+
Well Child Visits – 3- to 6-year-olds					
HealthChoice	85.0%	82.2%	84.0%	82.0%	82.7%
National HEDIS Mean	+	+	+	+	+
Well-Care Visits – Adolescents					
HealthChoice	67.0%	65.4%	67.3%	62.1%	65.6%
National HEDIS Mean	+	+	+	+	+



Quality of Care: Lead Test Screening

- Lead test screening rates between CY 2011 and CY 2015:
 - Improved for children aged 12-23 months: 57.4 percent to 60.7 percent
 - Improved for children aged 24-35 months: 76.6 percent to 77.6 percent
- Lead recommendations and Health Services Initiative (HSI)
 - 2016: Joint Chairmen's Report put forth recommendations for further improving lead testing rates
 - 2017: Effective July 1, CMS approved an HSI State Plan Amendment, allowing Maryland to leverage federal CHIP matching funds for lead abatement and environmental case management activities



Quality of Care: Cancer Screening and Prevention

- **Breast cancer screening rate:** Improved by nearly 20 percentage points, from 50.3 percent in CY 2011 to 70.0 percent in CY 2015
- **Cervical cancer screening rate:** Dropped by eight percentage points, from 73.1 percent in CY 2011 to 65.1 percent in CY 2015
- **Colorectal cancer screening rate:** Decreased from 39.3 percent in CY 2011 to 35.0 percent in CY 2015*
 - This may be due to the inclusion of the ACA expansion population in CY 2014; the rate increased in CY 2015 from a low of 32.1 percent in CY 2014.
- **HPV vaccination rate:** Increased from 22.8 percent in CY 2014 to 27.9 percent in CY 2015*

**New measures in CY 2014*



Quality of Care: Management of Chronic Conditions

- **Asthma:** Rate of participants who remained on asthma controller medication for at least 50 percent of their treatment period increased from 46.3 percent in CY 2012 to 56.9 percent in CY 2015
 - HealthChoice performed above the national HEDIS mean for the first time in CY 2015.
 - The rate for 75 percent compliance also increased to above the national mean in CY 2015, at 34.1 percent.
- **Diabetes**
 - Retinal eye exam rates decreased from 71.0 percent in CY 2011 to 60.2 percent in CY 2015 but remained above the NHM
 - HbA1c testing rates increased from 81.0 percent in CY 2011 to 88.8 percent in CY 2015, first surpassing the NHM in CY 2013



Special Topics: Dental Services

- 69.0 percent of children aged 4-20 years received dental services in CY 2015—an increase of 2.4 percentage points from CY 2011.
- 27.3 percent of pregnant women aged 21 years and older received dental services in CY 2015—a decrease of 4.8 percentage points from CY 2011 but an increase of 0.3 from CY 2014.
- The dental ASO is embarking on a comprehensive five-year plan to improve the engagement of pregnant women in dental care:
 - Assignment to a dental home;
 - Enhanced individual outreach; and
 - Leveraging partnerships with other providers (*e.g.*, Ob/Gyns).



Special Topics: Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 0.9 percentage points, from 10.1 percent in CY 2011 to 11.0 percent in CY 2015
- A substance use disorder (SUD) diagnosis increased by 0.5 percentage points, from 2.1 percent in CY 2011 to 2.6 percent in CY 2015
- Co-occurring behavioral health diagnosis (MHD and SUD) increased by 0.6 percentage points, from 1.4 percent in CY 2011 to 2.0 percent in CY 2015



Special Topics: Behavioral Health (Ambulatory Care Use)

Year	Total Number of Participants	At least One Ambulatory Care Visit	
		Number of Participants	Percentage of Total Participants
MHD Only			
CY 2011	91,057	80,849	88.8%
CY 2012	97,015	86,450	89.1%
CY 2013	100,623	94,087	93.5%
CY 2014	129,901	121,145	93.3%
CY 2015	143,482	132,984	92.7%
SUD Only			
CY 2011	18,327	15,019	82.0%
CY 2012	20,493	16,920	82.6%
CY 2013	19,575	15,984	81.7%
CY 2014	34,355	24,893	72.5%
CY 2015	33,769	24,053	71.2%
MHD + SUD			
CY 2011	12,179	10,749	88.3%
CY 2012	12,563	11,165	88.9%
CY 2013	12,770	12,010	94.0%
CY 2014	23,874	21,936	91.9%
CY 2015	26,190	23,922	91.3%



Special Topics: Behavioral Health (ED Utilization)

Year	Total Number of Participants	At least One ED Visit	
		Number of Participants	Percentage of Total Participants
MHD Only			
CY 2011	91,057	45,596	50.1%
CY 2012	97,015	48,145	49.6%
CY 2013	100,623	49,068	48.8%
CY 2014	129,901	63,871	49.2%
CY 2015	143,482	67,189	46.8%
SUD Only			
CY 2011	18,327	11,910	65.0%
CY 2012	20,493	13,624	66.5%
CY 2013	19,575	12,552	64.1%
CY 2014	34,355	19,279	56.1%
CY 2015	33,769	18,265	54.1%
MHD + SUD			
CY 2011	12,179	9,354	76.8%
CY 2012	12,563	9,526	75.8%
CY 2013	12,770	9,601	75.2%
CY 2014	23,874	17,625	73.8%
CY 2015	26,190	19,019	72.6%



Special Topics: Children in Foster Care

- 76.5 percent of children in foster care received at least one ambulatory care visit in CY 2015, compared with 80.4 percent of other HealthChoice children.
 - This is an overall increase from CY 2011, when 74.5 percent of children in foster care received an ambulatory care visit.
 - Among children in the youngest (0-2) and oldest (15-21), children in foster care accessed ambulatory care services at a higher rate than other HealthChoice children.
- 31.3 percent of children in foster care had at least one ED visit in CY 2015, a decrease from 33.3 percent in CY 2011.
- 65.0 percent of children in foster care had at least one dental visit in CY 2015, compared with 60.8 percent of other HealthChoice children.



Special Topics: Reproductive Health

HealthChoice performance exceeded the NHM, with the exception of CY 2013. While CY 2011 remains the highest performance year, CY 2015 rates all show improvement over CYs 2013 and 2014.

- Receiving timely prenatal care: 84.4 percent in CY 2015
- Receiving expected number of prenatal visits
 - Percentage of women who received more than 80 percent of expected visits declined to 67.9 percent in CY 2015
 - Percentage of women who received less than 21 percent of visits increased to 6.1 percent in CY 2015



Special Topics: Family Planning Program

- The Family Planning Program expanded to cover women under age 51 below 200 percent of the Federal Poverty Level in 2012.
- Enrollment decreased by 1,302 between CY 2011 and CY 2015 to 19,754 participants with any period of enrollment in CY 2015.
 - This corresponds with the ACA expansion, which expanded eligibility for comprehensive coverage to many Family Planning Program participants.
- 4,671 participants received at least one service in CY 2015 (23.6 percent).



Special Topics: HIV/AIDS

- The overall percentage of participants with HIV/AIDS with an ambulatory care visit increased by 1.8 percentage points, from 88.3 percent in CY 2011 to 90.1 percent in CY 2015 (a decrease of 1.0 percentage points from CY 2014).
- ED utilization decreased by 2.4 percentage points, from 50.7 percent in CY 2011 to 48.3 percent in CY 2015, after peaking at 52.5 percent in CY 2013.
- CD4 testing increased by 6.2 percentage points, from 68.8 percent in CY 2011 to 75.0 percent in CY 2015.
- Viral load testing increased by 1.7 percentage points, from 67.6 percent in CY 2011 to 69.3 percent in CY 2015.



Special Topics: Rare and Expensive Case Management (REM) Program

- The percentage of REM participants receiving dental visits grew by 4.7 percentage points, from 47.4 percent in CY 2011 to 52.1 percent in CY 2015.
- Ambulatory care visits increased by 0.8 percentage points over the study period.
- ED utilization rate increased by 1.7 percentage points between CY 2011 and CY 2015, from 40.9 percent to 42.6 percent, after peaking in CY 2013 at 44.3 percent.



Special Topics: Racial and Ethnic Disparities

- Blacks (141,874) and Whites (120,994) gained the greatest enrollment numbers; proportionally, the Other and Asian categories grew the most.
- Ambulatory care visit rates increased for all racial and ethnic groups with the exception of Asian, which decreased by 1.0 percentage point from CY 2011 to CY 2015.
- Hispanic and White participants have the highest and second-highest ED utilization, compared with other racial and ethnic categories.
- Data integrity challenges



ACA Expansion

- July 2006: Primary Adult Care (PAC) Program covers childless adults up to 116 percent FPL
- January 2014: Maryland expands Medicaid eligibility under the ACA to cover adults under age 65 up to 138 percent FPL
- The expansion population consists of three principal sub-groups:
 - Former PAC participants
 - Childless adults not previously enrolled in PAC
 - Parents and caretaker relatives



ACA Expansion: Demographic Highlights (CY 2015)

- **Race/Ethnicity**
 - Majority of enrollees were Black (42.4 percent) or White (38.7 percent)
- **Gender**
 - Female: 53.5 percent
 - Male: 46.5 percent
- **Age**
 - 19-34 years: 37.3 percent
 - 35-49 years: 27.4 percent
 - 50-64 years: 35.3 percent
- **Region: The majority of participants (75.7 percent) resided in...**
 - Baltimore City (21.2 percent)
 - Baltimore Suburban (29.2 percent)
 - Washington Suburban (25.3 percent)



ACA Expansion: Service Utilization

Enrollment Period	CY 2014			CY 2015		
	Number of Users	Total Enrollees	% of Total	Number of Users	Total Enrollees	% of Total
Inpatient Admissions						
Any Period of Enrollment	26,566	283,716	9.4%	30,295	366,687	8.4%
12 Months of Enrollment	14,025	118,251	11.9%	19,118	169,059	11.3%
Ambulatory Care Visits						
Any Period of Enrollment	174,123	283,716	61.4%	225,858	366,687	61.6%
12 Months of Enrollment	95,578	118,251	80.8%	139,010	169,059	82.2%
ED Visits						
Any Period of Enrollment	89,040	283,716	31.4%	110,500	366,687	30.2%
12 Months of Enrollment	46,834	118,251	39.6%	65,870	169,059	39.0%

ACA Expansion: Behavioral Health Utilization

Enrollment Period	CY 2014			CY 2015		
	# of Participants	Total Participants	% of Total	# of Participants	Total Participants	% of Total
MHD Only						
Any Period	27,336	283,716	9.6%	36,016	366,387	9.8%
12 Months	15,873	118,251	13.4%	23,209	169,059	13.7%
SUD Only						
Any Period	18,063	283,716	6.4%	20,438	366,387	5.6%
12 Months	9,800	118,251	8.3%	11,886	169,059	7.0%
Dual Diagnosis (MHD and SUD)						
Any Period	12,093	283,716	4.3%	15,189	366,387	4.1%
12 Months	7,974	118,251	6.7%	10,802	169,059	6.4%
None						
Any Period	226,224	283,716	79.7%	294,744	366,387	80.4%
12 Months	84,604	118,251	71.5%	123,162	169,059	72.9%

General Information

HealthChoice evaluations can be found here:

<https://mmcp.health.maryland.gov/healthchoice/pages/HealthChoice-Evaluation.aspx>

Information on the 2016 HealthChoice waiver renewal and corresponding activities can be found here:

<https://mmcp.dhmfh.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>





Questions?

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